Daily Sign-In & Sign-Out Form

| Provider's Name: | Date:// | | | |
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| Child's Name | Time In | Parent Signature | Time Out | Parent Signature |
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18. 19. 20. This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are <u>not</u> required to use this form. DOH/BCCL 8/08